

**ILLINOIS WORKERS' COMPENSATION COMMISSION  
RATE ADJUSTMENT FUND AND SECOND INJURY FUND  
ASSESSMENT TRANSMITTAL FORM  
FOR 7/1/2006 – 12/31/2006  
ASSESSMENT IS DUE BY MARCH 16, 2007**

Company Name: \_\_\_\_\_  
Attn: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**SECTION 1. ASSESSMENT CALCULATION**

**A) Total compensation paid from 7/1/06 through 12/31/06**

Include ALL compensation payments made under the Illinois Workers' Compensation Act, whether by lump sum settlement or weekly compensation payments. Do not include hospital, surgical, or rehabilitation payments. Do not subtract subrogation recovery or refunds when calculating compensation payments.

\$ \_\_\_\_\_

If no compensation payments were made, enter 0 (zero) on Line A and complete the remainder of the form.

**B) Rate Adjustment Fund (RAF) assessment rate**

**X      0.0125**

**C) RAF amount due (Line A x Line B):**

\$ \_\_\_\_\_

**D) Second Injury Fund (SIF) assessment rate**

**X      0.00125**

**E) SIF amount due (Line A x Line D):**

\$ \_\_\_\_\_

**F) Total amount due (Line C + Line E)**

Make check payable to "State Treasurer."

\$ \_\_\_\_\_

**Mail this form with payment to:**

**Fiscal Office  
Illinois Workers' Compensation Commission  
100 W. Randolph St. Ste 8-329  
Chicago, IL 60601**

## SECTION II. MULTIPLE ENTITIES

Complete this section if your report includes more than one entity (parent and/or divisions/subsidiaries).

Division or Subsidiary	Compensation Payments	RAF Amount	SIF Amount
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Attach additional sheet if necessary.

## SECTION III. AFFIDAVIT

An officer of the company must complete this section, and the signature must be notarized.

I, \_\_\_\_\_, being duly sworn on oath, depose and state that I have read this notice of assessment, that I am acquainted with the affairs of the employer, and that the representations and statements herein set forth are true in substance and fact.

By:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Company telephone and fax numbers

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Federal Employer Identification Number

Subscribed and sworn to before me at \_\_\_\_\_  
City State

this \_\_\_\_\_ day of \_\_\_\_\_ 2007.

\_\_\_\_\_  
Notary Public